



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MAGNOLIA STRONG GROUP INC

Respondent Name

LIBERTY MUTUAL FIRE INSURANCE

MFDR Tracking Number

M4-15-1887-02

Carrier's Austin Representative

Box Number 01

MFDR Date Received

February 23, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT code 97532 was denied per CCI edits. Enclosed you will find . . . The CCI 19.0 Correct Coding Initiative Edits showing that CPT 97532 can be billed with CPT codes 97530 and 97537."

Amount in Dispute: \$5,775.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have reviewed dates of service 12/01-12-31/14 for development cognitive skills and we have determined that no additional is due at this time. The procedure is inclusive to another procedure being billed. There modifiers that are allowed to override the relationship but this has to be billed by the provider correctly."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 1, 2014 to December 31, 2014	Procedure Code 97532	\$5,775.00	\$0.00

AMENDED FINDINGS AND DECISION

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - MX59 – PER NCCI, THE PROCEDURE CODE IS DENIED, AS INCLUDED IN A MORE EXTENSIVE PROCEDURE. PROCEDURE INCLUDED IN 97530. (MX59)
 - Z710 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE. (Z710)
 - P300 – CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
 - W3 –ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - U301 – THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

Issues

1. Are the disputed services separately payable?

Findings

1. This dispute relates to psychological services with reimbursement subject to the provisions of 28 Texas Administrative Code §134.203(b), which requires that:

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The insurance carrier denied the disputed services with claim adjustment reason code MX59 – “PER NCCI, THE PROCEDURE CODE IS DENIED, AS INCLUDED IN A MORE EXTENSIVE PROCEDURE. PROCEDURE INCLUDED IN 97530.” Review of the submitted documentation finds that the disputed services were billed with procedure code 97532, which represents development of cognitive skills to improve attention, memory or problem solving. Review of the submitted medical bills finds that for each disputed date of service the health care provider also billed procedure code 97530, therapeutic activities, which, per Medicare’s CCI edits, is a comprehensive procedure that includes development of cognitive skills. Per Medicare payment policy, procedure code 97532 may not be reported on the same day as procedure code 97530. The procedure code may be separately payable if billed with an appropriate modifier, and the medical documentation distinguishes and supports separate payment. However, the health care provider did not bill procedure code 97532 with a modifier. Therefore, the insurance carrier’s denial reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Grayson Richardson
Medical Fee Dispute Resolution Officer

April 22, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.